ARIZONA STATE BOARD OF HEALTH

	141
ate File	No
gistered	No.

PLACE OF BIRTH	U OF VITAL STATISTICS	Registered No
I 0 STANDAR	D CERTIFICATE OF BIRTH	
County Alla	State Urisona	
District or Township	or Village -	
City Miami No. 1518	Time Vik Canon	StWard
City		ME instead of street and number)
Maria Francis	. VIO 1 A A A B	If child is not yet named, make a supplemental report, as directed.
2. Full name of child Maria Trance	4	
	et or other 6. Legitimate 1 7. Da	(1/0// // // // // //
Jenale in event of plural 5. No., in ord	der of birth 4ls	oirth Month Day Year
		MOTHER
8. FATHER		
Full name Francisco Salaza	7 Full maiden name Marke	ia (Roderique)
- Marine Co source	······································	·
9. Residence (Usual place of abode) Wiami	15. Residence (Usual place of abode)	Mami I 0
(Usual place of abode)	A . If non-resident, give place an	///
If non-resident, give place and state. Wygov	11 Hon-resident, give place and	water Color
10. Color or race	16. Color or race	
ha f. 11. Age at last birthdow	(Years) MALA:	ige at last birthday. 26(Years)
	2 - 1 - 1 - 1 - 1 · · ·	00-0
12 Birthplace (city of place) Suanafua	18. Birthplace (city or place)	Chihuahua
$\Lambda \sim 12$	· . 11	$n_{1}o_{4}$.
(State or country)	(State or country)	1104
13. Occupation	19. Occupation	
5 •	Nature of Industry	- 0
Nature of Industry MAAA On	Wor	sewell
20. Number of children of this mother		ere precautions taken against oph-
(" Value as of time of high of shild herein a (b)	Born alive but now deadtha	Imia neonatoram?
ortified and including this child.) () / (C)	StillbornO	
CERTIFICATE OF	ATTENDING PHYSICIAN OR MIDWIFE	<u></u>
I hereby certify that I attended the birth of this child,	(Born alive or still oru)	./im ,on the date above stated.
*When there was no attending physician	V 1/104 Var 1 1	n.10
or midwife, then the father, householder, etc., should make this return. A stillborn	. Coyul M. Wrow /	
I hild is one that neither breathes nor		(Physician or-midwife.)
shows other evidence of life after birth.	Miami arian	
	Address Mann, Ury	
Month, day, year	Md1 x 30)	> 7
Registrar.	Filed 1/1/15 30 6	Registrar,
La C	10 -1010 - 460	$\mathbf{x} = \mathbf{x}$
γ_{α}	19-1010 - 499	•